

<b>MULTIPLE DEPENDENT CLAIM</b> <b>FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>10/587526</b> FILING DATE	
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				51
2		1		1			52
3		2		1			53
4		3		1			54
5		4		1			55
6		5		1			56
7		6		1			57
8		7		1			58
9		8		1			59
10		9		1			60
11		10		1			61
12		11		1			62
13		12		1			63
14		13		1			64
15							65
16							66
17							67
18							68
19							69
20							70
21							71
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23							73
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37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50							100
TOTAL IND.		↓	1	↓		↓	TOTAL IND.
TOTAL DEP.		←	13	←		←	TOTAL DEP.
TOTAL CLAIMS			14				TOTAL CLAIMS